

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT
COMMISSION
Revised January 2012



Electronic Filing

Do Not Mark in This Space For Official Use Only.

Page 1 of 20

COVER PAGE

1. NAME OF COMMITTEE			
Greenwich Democratic Town Committee			
2. TREASURER NAME			
First Howard	MI	Last Richman	Suffix
3. TREASURER ADDRESS			
Street Address 387 Round Hill Rd	City Greenwich	State CT	Zip Code 06831
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First	MI	Last	Suffix
8. TYPE OF REPORT			
January 10 Filing - Original			
9. PERIOD COVERED			
Beginning Date 10/27/2014		Ending Date 12/31/2014	
thru			
10. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing SIGNATURE	Howard Richman PRINT NAME OF THE SIGNER	01/06/2015 5:56:00PM DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Greenwich Democratic Town Committee	January 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$1,245.88
12. Balance on hand at the beginning of Reporting Period	\$7,982.87	
13. Contributions received from Individuals (Section A and B)	\$1,405.00	\$25,690.26
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$1,405.00	\$25,690.26
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$9,387.87	\$26,936.14
19. Expenses Paid by Committee (Section P)	\$7,612.75	\$25,161.02
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both column)	\$1,775.12	\$1,775.12
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O) OPTIONAL	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Greenwich Democratic Town Committee	January 10 Filing - Original
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	\$0.00
Subtotal Section A	

B. Itemized Contributions from Individuals

Last Name Edwards		First Name Christine		MI
Residential Street Address 111 Bible St		City Cos Cob	State CT	Zip Code 06807
Principal Occupation		Name of Employer Primesites Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/30/2014	Aggregate Contributions \$195.00	
\$100.00				

Last Name Delman		First Name Richard		MI
Residential Street Address 299 Weaver St Apt 7A		City Greenwich	State CT	Zip Code 06831
Principal Occupation Accountant		Name of Employer HH Brown		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/30/2014	Aggregate Contributions \$100.00	
\$100.00				

Last Name Edwards, III		First Name Charles		MI
Residential Street Address 111 Bible St		City Cos Cob	State CT	Zip Code 06807
Principal Occupation Case Worker, Social Services		Name of Employer Town of Greenwich		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/30/2014	Aggregate Contributions \$100.00	
\$100.00				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE

Greenwich Democratic Town Committee

TYPE OF REPORT

January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Royce		First Name Karen		MI F
Residential Street Address 53 Maher Ave		City Greenwich	State CT	Zip Code 06830
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/30/2014		

Last Name Varga		First Name Helma		MI MI
Residential Street Address 74 Bruce Park Ave		City Greenwich	State CT	Zip Code 06830
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$5.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/25/2014		

Last Name Calimafde		First Name Annette		MI W
Residential Street Address 9 Vista Ave		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Housewife		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/25/2014		

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Greenwich Democratic Town Committee	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Snyder		First Name David		MI
Residential Street Address 11 Roosevelt Ave		City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Executive		Name of Employer Brandissimo! Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$150.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/25/2014		

Last Name Mushkin		First Name Martin		MI
Residential Street Address 403 Stanwich Rd		City Greenwich	State CT	Zip Code 06830
Principal Occupation Attorney		Name of Employer Law Office of Martin Mushkin LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$150.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/25/2014		

Last Name Monahan		First Name Patricia		MI
Residential Street Address 135 Havemeyer Pl		City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/25/2014		

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Greenwich Democratic Town Committee	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Beck		First Name Sigmund		MI A
Residential Street Address 15 Skyridge Rd		City Greenwich	State CT	Zip Code 06831
Principal Occupation Consultant		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$150.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/25/2014		

Last Name Bendfeldt		First Name Sandra		MI K
Residential Street Address 333 Palmer Hill Rd # 2D		City Riverside	State CT	Zip Code 06878
Principal Occupation Singer		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/25/2014		

Total of Section B**\$1,405.00****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS**

(Sections A & B)

(Total on Line 14 of Summary Page)

\$1,405.00

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				TYPE OF REPORT	
Greenwich Democratic Town Committee				January 10 Filing - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address		Is this contribution associated with a fundraising event listed in Section L1?		Yes	No
		If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Total of Section C1					

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				TYPE OF REPORT	
Greenwich Democratic Town Committee				January 10 Filing - Original	
C2. Reimbursements, Payments, or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services Surplus Distribution		
Total of Section C2					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Greenwich Democratic Town Committee	January 10 Filing - Original

D. Loans Received this Period

Name of Lender	Source of Loan: Bank Candidate Individual Other				Date of Receipt
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)				Amount Received	
Street Address	City	State	Zip Code		
Total of Section D					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Greenwich Democratic Town Committee	January 10 Filing - Original

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Total of Section E				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Greenwich Democratic Town Committee	January 10 Filing - Original

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? Yes No If yes, list Event #	Amount
Total of Section F		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Greenwich Democratic Town Committee		January 10 Filing - Original	
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (<i>Organization Committees ONLY</i>)			
Date of Receipt	Amount		
Total of Section G			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Greenwich Democratic Town Committee		January 10 Filing - Original	
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section E			

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Greenwich Democratic Town Committee		January 10 Filing - Original	
J. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	
Total of Section J			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			TYPE OF REPORT	
Greenwich Democratic Town Committee			January 10 Filing - Original	
K. Miscellaneous Monetary Receipts not Considered Contributions				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section K				

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE			TYPE OF REPORT	
Greenwich Democratic Town Committee			January 10 Filing - Original	
L1. Fundraiser Event Information				
Fundraising Event # Date of Fundraiser	Letter	Description		
Location: Street Address		City	State	Zip Code
<i>Subpart 1: (All Committees)</i>				
Was this fundraising event hosted at a personal residence?		Yes	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)	
		No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		Yes	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
		No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)	
		No		
<i>Subpart 2:</i>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
		No		
<i>Subpart 3: (Town Committees ONLY)</i>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		Yes	(If yes, enter Total Receipts here.)	
		No		
Total of Section L1				

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE				TYPE OF REPORT	
Greenwich Democratic Town Committee				January 10 Filing - Original	
L3. Purchases of Advertising in a Program Book or on a Sign					
Name of Purchaser				Purchase Made By: Business Entity Individual Sole Proprietorship	
Street Address			City		State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Total of Section L3					

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE				TYPE OF REPORT	
Greenwich Democratic Town Committee				January 10 Filing - Original	
L4. In-Kind Donations Not Considered Contributions					
Name of the Donor					
Street Address			City		State Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation	
Business Entity					
Individual	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					
Total of Section L4					

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Greenwich Democratic Town Committee	January 10 Filing - Original

M. In-Kind Contributions

Name				
Street Address		City		State
				Zip Code
Type of Contributor: Committee		Date Received	Aggregate contributions	Description of In-Kind Contribution
Individual / Sole Proprietorship Other				
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000?		Fair Market Value of this Contribution
		Yes No		
Is this contribution associated with a fundraising event listed in Section J1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?		
		Yes No		
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with: Executive Legislative		

Total of Section M**III. Non Monetary Receipts (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
Greenwich Democratic Town Committee	January 10 Filing - Original

N. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code

Total of Section N

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE				TYPE OF REPFOOT	
Greenwich Democratic Town Committee				January 10 Filing - Original	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation		Purpose of Expenditure <div style="display: flex; justify-content: space-around; width: 100%;"> A B C D </div>			
Total of Section O					

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Greenwich Democratic Town Committee	January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Minuteman Press of Greenwich		Date of Payment 10/28/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1033 <input type="checkbox"/> Debit Card	
Street Address 31 St Roch Ave		City Greenwich	State CT	Zip Code 06836
Purpose of Expenditure (by code) PRNT	Description printing of postcards for GOTV mailing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought		\$1,088.26	
Name of Payee United States Postal Service		Date of Payment 10/28/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1034 <input type="checkbox"/> Debit Card	
Street Address 29 Valley Dr		City Greenwich	State CT	Zip Code 06831
Purpose of Expenditure (by code) POST	Description postage for GOTV postcard mailing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought		\$1,029.00	
Name of Payee William Sheri Stingone LLC		Date of Payment 11/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1035 <input type="checkbox"/> Debit Card	
Street Address 1 Castle Lndg		City Rye Brook	State NY	Zip Code 10573
Purpose of Expenditure (by code) PTY-BLDG	Description HQ electric/gas bills September/October	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought		\$886.89	
Name of Payee Judy Berg		Date of Payment 11/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1040 <input type="checkbox"/> Debit Card	
Street Address 28 Dandy Dr		City Cos Cob	State CT	Zip Code 06807
Purpose of Expenditure (by code) Misc *	Description Misc for election night HQ party	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought		\$42.54	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Greenwich Democratic Town Committee	January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Joseph Kantorski		Date of Payment 11/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1041 <input type="checkbox"/> Debit Card	
Street Address 38 William St W		City Greenwich		State CT Zip Code 06830
Purpose of Expenditure (by code) WEB	Description Website maintenance	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$600.00
Name of Payee Al Shehadi		Date of Payment 11/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1037 <input type="checkbox"/> Debit Card	
Street Address 27 Byram Shore Rd		City Greenwich		State CT Zip Code 06830
Purpose of Expenditure (by code) PTY-BLDG	Description Dist 4 GOTV mailing Election 2014	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$113.38
Name of Payee East Putnam Variety		Date of Payment 11/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1038 <input type="checkbox"/> Debit Card	
Street Address 88 E Putnam Ave		City Greenwich		State CT Zip Code 06830
Purpose of Expenditure (by code) PTY-BLDG	Description Election night HQ balloons	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$87.95
Name of Payee Burke Catering, LLC		Date of Payment 11/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1036 <input type="checkbox"/> Debit Card	
Street Address PO Box 624		City Riverside		State CT Zip Code 06878
Purpose of Expenditure (by code) FOOD	Description Election night HQ food/catering	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$382.86

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Greenwich Democratic Town Committee	January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Post Wines & Spirits		Date of Payment 11/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1039 <input type="checkbox"/> Debit Card	
Street Address 230 E Putnam Ave		City Cos Cob		State CT Zip Code 06807
Purpose of Expenditure (by code) FOOD	Description Election night HQ party		Event #	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			Amount \$27.63
Name of Payee Joseph Kantorski		Date of Payment 11/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card	
Street Address 38 William St W		City Greenwich		State CT Zip Code 06830
Purpose of Expenditure (by code) PRNT	Description DTC GOTV Postcard design and production		Event #	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			Amount \$200.00
Name of Payee Jonathan Perloe		Date of Payment 11/13/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1043 <input type="checkbox"/> Debit Card	
Street Address 71 Valleywood Rd		City Cos Cob		State CT Zip Code 06807
Purpose of Expenditure (by code) A-WEB	Description 2014 campaign Facebook Advertising		Event #	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			Amount \$251.22
Name of Payee Frank Farricker		Date of Payment 11/19/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1044 <input type="checkbox"/> Debit Card	
Street Address 6 W Putnam Ave		City Greenwich		State CT Zip Code 06830
Purpose of Expenditure (by code) PTY-BLDG	Description 2013 Headquarters rent		Event #	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			Amount \$2,500.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Greenwich Democratic Town Committee	January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Express Merchant Processing SE		Date of Payment 12/03/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1045 <input type="checkbox"/> Debit Card	
Street Address PO Box 17201		City Wilmington		State DE Zip Code 19850
Purpose of Expenditure (by code) BNK	Description Electronic Banking Fee/April 2004	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$26.00
Name of Payee William Sheri Stingone LLC		Date of Payment 12/09/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1046 <input type="checkbox"/> Debit Card	
Street Address 1 Castle Lndg		City Rye Brook		State NY Zip Code 10573
Purpose of Expenditure (by code) PTY-BLDG	Description HQ electric/gas bills November	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$200.00
Name of Payee Optimum/Cablevision		Date of Payment 12/16/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1047 <input type="checkbox"/> Debit Card	
Street Address PO Box 9256		City Chelsea		State MA Zip Code 02150
Purpose of Expenditure (by code) Misc *	Description telephone service for headquarters	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated with reimbursement sought			\$177.02
Total of Section P				\$7,612.75

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE				TYPE OF REPORT	
				January 10 Filing - Original	
Q. Campaign Expenses Paid By Candidate					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?
					Yes No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Total of Section Q					

IV. EXPENDITURES

NAME OF COMMITTEE				TYPE OF REPORT	
Greenwich Democratic Town Committee				January 10 Filing - Original	
R. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card:		
			Visa Master Card Discover American Express Other		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization A B C D				
Total of Section R					

IV. EXPENDITURES

NAME OF COMMITTEE				TYPE OF REPORT	
Greenwich Democratic Town Committee				January 10 Filing - Original	
S. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description			Event #	Amount Incurred (Estimate or Actual)
Expenditure# (if applicable)	Type of Expenditure (<i>if applicable</i>) Itemization in Addendum S Required Coordinated without reimbursement sought Independent Organization : A B C D			Coordinated with reimbursement sought	

Total of Section S

IV. EXPENDITURES

NAME OF COMMITTEE				TYPE OF REPORT	
Greenwich Democratic Town Committee				January 10 Filing - Original	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment Check # Debit Card
Secondary Payee					
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description			Event #	Amount
Expenditure #	Type of Expenditure (<i>if applicable</i>) Itemization in Addendum T Required Coordinated without reimbursement sought Independent Organization: A B C D			Coordinated with reimbursement sought	

Total of Section T

